|   |  |   |                                       |                      |                                |                                    |         | Application or Docket Number |                        |                  |                     |  |  |
|---|--|---|---------------------------------------|----------------------|--------------------------------|------------------------------------|---------|------------------------------|------------------------|------------------|---------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOR  |  |   |                                       |                      |                                |                                    |         | <b>)</b>                     |                        |                  |                     |  |  |
| Effective October 1, 2000   |  |   |                                       |                      |                                |                                    |         | C91677752                    |                        |                  |                     |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                      |                                |                                    | _       | MALL EN                      | πτγ                    | OR               | OTHER<br>SMALL E    |  |  |
| TOTAL CLAIMS  |  |   |                                       |                      |                                |                                    | ſ       | RATE                         | FEE                    |                  | RATE                | FEE  |  |
| FOR   |  |   | NUMBER FILED                          |                      | NUMBER EXTRA                   |                                    | ŀ       | BASIC FEE                    | 355.00                 | OR               | BASIC FEE           | 710.00   |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 165 minus 20=                         |                      | . 85                           |                                    | Ī       | X\$ 9=                       | 25.                    | OR               | X\$18=              |  |  |
| INDEPENDENT CLAIMS  |  |   | of minus 3 =                          |                      | . 5                            |                                    | Ţ       | X40=                         | 288.0                  | OR               | X80=                |  |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                               | RESENT                                |                      |                                |                                    |         | +135=                        | 135.0                  | OR               | +270=               |  |  |
| * If the difference in column 1 is less than zero   |  |   |                                       |                      | iter "0" in column 2           |                                    |         | TOTAL                        |                        | OR               | TOTAL               |  |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |                                       |                      |                                |                                    | SMALL E | ENTITY                       | OR                     | OTHER<br>SMALL E |                     |  |  |
| AMENDMENT A   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                       | HIGH<br>NUM<br>PREVA | iest<br>Ber                    | PRESENT<br>EXTRA                   | ſ       | RATE                         | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total  | · 20 49                                     | Minus                                 |                      | 15                             | • _/                               |         | X\$ 9=                       |                        | OR               | X\$18=              |  |  |
|   | Independent  | · 😯   | Minus                                 | ***                  | 8                              |                                    | Ì       | X40=                         |                        | OR               | X80=                |  |  |
|   | FIRST PRESE  | NTATION OF M                                | ULTIPLE DEPL                          | ENDEN                | CLAIM                          |                                    | ,       | +135=                        |                        | OR               | +270=               |  |  |
|   |  |   |                                       |                      |                                |                                    |         | TOTAL<br>ADDIT, FEE          |                        | OR               | YOTAL<br>ADDIT, FEE |  |  |
| 2-17-06 (Column 1) (Column 2) (Column 3)  |  |   |                                       |                      |                                |                                    |         |                              |                        | •                |                     |  |  |
| r   |  | CLAIMS                                      |                                       | HIG                  | HEST                           |                                    | ſſ      |                              | ADDI-                  |                  | · · ·               | ADDI-  |  |
| AMENDMENT B   | AN SE  | REMAINING<br>AFTER<br>AMENDMENT             | Est Hat whe                           | PREV                 | ABER<br>OUSLY<br>FOR           | PRESENT                            |         | RATE                         | TIONAL<br>FEE          |                  | RATE                | TIONAL<br>FEE                                    |  |
|   | Total  | . 49  | Minus                                 | / 0                  | 5                              | • /                                |         | X\$ 9=                       |                        | OR               | X\$18=              |  |  |
|   | Independent  | NTATION OF M                                | Minus                                 | ••• (                | T CLAIM                        | -                                  |         | X40=                         |                        | OR               | X80=                |  |  |
| _   | TINOT TREES.   | HIATION OF III                              | oem ce oem                            |                      |                                |                                    | •       | +135=                        |                        | OR               | +270=               |  |  |
|   |  |   |                                       |                      |                                |                                    |         | TOTAL<br>ADDIT, FEE          |                        | OR               | TOTAL<br>ADDIT, FEE |  |  |
| 227-06 (Column 1) (Column 2) (Column 3)   |  |   |                                       |                      |                                |                                    |         |                              |                        |                  |                     |  |  |
| AMENDMENT C   |  | CLAIMS REMAINING AFTER AMENDMENT            |                                       | HIG<br>NUA<br>PREVI  | HEST<br>MBER<br>KOUSLY<br>OFOR | PRESENT<br>EXTRA                   |         | RATE                         | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total  | . 98  | euniM                                 | /0                   | 15                             | •                                  |         | X\$ 9=                       |                        | OR               | X\$18=              |  |  |
|   | Independent  | . 9   | Minus                                 | •••                  | V_                             | -                                  | 11      | X40=                         |                        | OR               | X80=                |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                      |                                |                                    |         |                              |                        | 1                |                     | <del>                                     </del> |  |
|   | A Habitan and A an |   |                                       |                      |                                |                                    |         |                              |                        | OR               | +270=               |  |  |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE |  |   |                                       |                      |                                |                                    |         |                              |                        |                  |                     |  |  |
| •••   | ii the "Highest Nu<br>The "Highest Nur   | mber Previously F<br>nber Previously Pa     | raid For IN THIS<br>ald For (Total or | s SPACE<br>Indepen   | : Is 1855 th<br>Ident) is th   | an 3, enter "3."<br>e highest numb | er tou  | und in the ap                | propriate bo           | x in co          | alumn 1.            |  |  |